DOCUMENT RESUME

ED 374 621 EC 303 344

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TITLE New Requirements for Developing Individual Education Programs in Head Start. Great Lakes Resource Access Project (RAP).
INSTITUTION Cooperative Educational Service Agency #5, Portage, WI.; Illinois Univ., Urbana. Dept. of Special Education.
PUB DATE [Feb 93]
NOTE 51p.; Adapted from "Developing and Implementing Individualized Education Programs in Head Start" produced by Texas Tech University Resource Access Project, Lubbock. Paper presented at the Meeting of the Chicago Metro Association for the Education of Young Children (Chicago, IL, February 3-5, 1994).
PUB TYPE Collected Works - Serials (022) -- Speeches/Conference Papers (150)
JOURNAL CIT Quarterly Resource; v8 n2 1993-94

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Compliance (Legal); *Disabilities; *Economically Disadvantaged; Educational Legislation; Federal Legislation; *Federal Regulation; *Individualized Education Programs; Preschool Education; School Responsibility
IDENTIFIERS Individuals with Disabilities Education Act; *Project Head Start

ABSTRACT

This issue of the "Quarterly Resource" focuses on Head Start's role in complying with federal regulation concerning Individualized Education Programs (IEPs) for young children with disabilities. The report spells out the responsibilities of the local education agency and of the Head Start program. It discusses membership on the multidisciplinary evaluation team, elements of the Head Start IEP, parent involvement requirements, and the need for annual goals and behavioral objectives. An appendix compares Head Start regulations for children with disabilities and provisions of the Individuals with Disabilities Education Act, Part B, Subparts D and E. Other appendixes list parent training and information centers and offer a sample IEP. The "Quarterly Resource" report concludes with updates on conferences and workshops relating to education of young special needs children, which took place in Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. (JDD)

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# NEW REQUIREMENTS FOR DEVELOPING INDIVIDUAL EDUCATION PROGRAMS IN HEAD START

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VOLUME 8, ISSUE 2 1993-94

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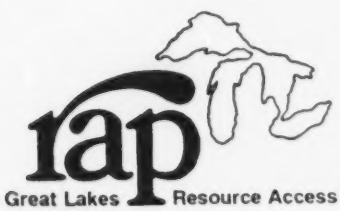
## INTRODUCTION

Head Start has made a commitment to serving children with disabilities since 1972, and disability service coordinators have been involved in the development of Individualized Education Programs (IEP) for many years. However, several recent changes in laws, and the publication of the new Disability Regulations (Federal Register, January 21, 1993) regarding special education and Head Start make it essential that Head Start staff and parents understand the implications of these changes with regard to the development of the IEP for children with disabilities.

This issue of the **Quarterly Resource** was written by Dawn Thomas of the Great Lakes Resource Access Project at the University of Illinois and adapted with permission from **Developing and Implementing Individualized Education Programs in Head Start,** a document produced by the Texas Tech University Resource Access Project, Lubbock, Texas.



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## DEVELOPING INDIVIDUALIZED EDUCATION PROGRAMS IN HEAD START

Central to the provision of disability service delivery in Head Start is the development and implementation of the individualized education program (IEP) for **each child with a diagnosed disability.** The new Head Start program performance standards on services to children with disabilities (45 CFR section 1308.3) defines the term "individualized education program" as follows: "a written statement for a child with disabilities, developed by the public agency responsible for providing free and appropriate public education to a child, and contains the special education and related services to be provided to an individual child". (Final Rule, Federal Register, January 21, 1993).

The Head Start performance standards are consistent with many of the requirements stated in the **Individuals with Disabilities Education Act (IDEA),** (Public Law 101 -476) enacted in 1990. Therefore, whether the local public education agency prepares the IEP, **or** Head Start prepares the IEP, the resulting document should be similar (see Appendix A).

Prior to World War II, there were relatively few federal laws intended to address the needs of persons with disabilities. Since the 1960's, however, there has been a "...virtual avalanche of federal legislation that relates directly or indirectly to individuals with disabilities, particularly children and youth." (NICHCY News Digest, 1991, p.1). Because of the increased number and quality of programs, highly trained professionals, continuous research in education, technical assistance, and the collaboration between parents and professionals to achieve the best possible education, children and youth with disabilities are accomplishing more than ever dreamed possible. (NICHCY News Digest, 1991, p. 1) **P.L. 94-142, The Education of All Handicapped Children Act of 1975,** mandated a free appropriate public education for all children with disabilities, ensured due process rights, and mandated education in the least restrictive environment and IEPs. This law is the core of federal funding for special education. The Education of All Handicapped Children Act of 1975 has been amended several times. These amendments include:

> **P.L. 98-199** (1983), which expanded the incentives for preschool special education programs, early intervention and transition programs. **(Part B)**
>
> **P.L. 99-457** (1986), lowered the age of eligibility for special education and related services for all children with disabilities to age three. It also established the **Handicapped Infants and Toddlers Program--Part H.**

In October, 1990, Congress passed, and President George Bush signed into law, the **Education of the Handicapped Act Amendments of 1990 (P.L. 101 - 476).** Significant changes resulting from this law included the renaming of **P.L. 94 - 142** to **Individuals with Disabilities Education Act (IDEA)** and mandating transition and assistive technology services to be included in a child's IEP. IDEA also expands the eligibility categories to include traumatic brain injury and autism, among others.

## DEVELOPING THE IEP

The Head Start performance standards on services to children with disabilities (45 CFR 1308) details, under subpart E-Education Service Performance Standards, the essential elements and procedure to be followed in the development of the IEP. It is the ultimate responsibility of the Local Education Agency (LEA) to assure a free appropriate public education for each child with a disability. Included within that is the development of the IEP. Both Head Start and the LEA need to collaborate on the development of this document for children with disabilities. The basic procedure for the development of the individualized education program (IEP) follows. Each entity, whether Head Start or the LEA, has certain responsibilities in this process.

## LEA RESPONSIBILITY

**When the LEA develops the IEP, a representative from Head Start must attempt to participate** in **the IEP meeting and placement decision** (1308.19 (c)) for any child meeting Head Start eligibility requirements. Subpart D, section 1308.6 of the new disability regulations (Federal Register, January, 1993) requires that following the screening and brief developmental assessment, the disability service coordinator **must refer a child to the LEA for evaluation** as soon as the need is evident (1308.6 (e) (1)). These regulations (subpart B, section 1308.4) provide for the formation of collaborative interagency agreements between the Head Start program and the LEA (local school district). These agreements need to reflect the procedure for timely referral, IEP development and placement of children with suspected and/or diagnosed disabilities.

Following the Head Start referral, the school district will convene a multi-disciplinary evaluation team to consider the child's diagnosis and the implications for special education and/or related services. It is at this time that the disability service coordinator needs to be involved in the resulting discussions and development of the child's IEP.

It is the effort of a team to develop and implement the individualized education program. The team effort begins with the collaboration and cooperation between the Head Start and the local school districts in working out the interagency agreement, specifically in the area of timely referrals, evaluation and diagnosis of a child with a disability. This effort continues with the cooperative development of the IEP with the LEA and Head Start (disability service coordinator). Further team efforts include the integration of all of the component coordinators in implementing the resulting IEP. The individualized education program developed by the LEA serves as the Head Start IEP. There is no need to rewrite this document for each child with a disability.

## WHEN ALL ELSE FAILS...

The new disability regulations, while requiring the referral of the child for further evaluation to the LEA, recognizes that circumstances may arise where the LEA either will not or cannot meet the timelines for evaluation and the development of the IEP. In cases such

as these, the Head Start program should **document its efforts to collaborate with the school district.** The Head Start program should inform the LEA that it is convening its own multi-disciplinary evaluation team and developing an IEP for the child in question. "The LEA should not unilaterally decide that a child with a disability is best served by Head Start alone and decline to participate in implementing the IEP or supporting its implementation" (O'Brien, 1993b). If problems occur and the situation cannot be corrected at the local level, then the Head Start program needs to inform the ACF Regional Office and, perhaps, the State Education Agency (SEA).

## OVERVIEW OF THE HEAD START PROCESS

### IDENTIFICATION

Outreach and Recruitment
Head Start programs must actively recruit children with disabilities, especially those with severe disabilities. (subpart C, section 1308.5)

Enrollment
Head Start programs must not deny placement simply because a child has a disability. (subpart C, section 1308.5)

Screening
The screening process must take place within 45 calendar days. (subpart D, section 1308.6 and subpart B, section 1308.4)

### ASSESSMENT AND DIAGNOSIS

Assessment (subpart D, section 1308.6 (d)) This is the collection of information on each child's functioning in certain areas: gross/fine motor, perceptual discrimination, cognition, attention skills, self help, social and receptive skills and expressive language.

Referral and Evaluation
Subpart D, section 1308.6 requires referral to the LEA (local education agency) for evaluation of children thought to be eligible for services. (see also subpart B, section 1308.4)

Diagnosis
The new eligibility criteria is clarified in subpart D of the Federal Register, 1-93)

Multi-disciplinary Evaluation Team, (subpart D, section 1308.6) may include the teacher(s), representative of the LEA, Head Start disability service coordinator, professionals involved in the actual evaluation of the child with the suspected disability, and the parent(s).

INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING/CONFERENCE

Subpart E, section 1308.19 specifies timelines, parent notices and involvement, requirements for the IEP meetings, and IEP content.

## HEAD START RESPONSIBILITY

**When Head Start provides for the evaluation, the multi-disciplinary evaluation team makes the determination whether the child meets the Head Start eligibility criteria** (subpart E, 1308.19 (a)). The multi-disciplinary evaluation team must assure that the evaluation findings and recommendations, as well as information from the developmental assessment, observations and parent reports, are considered in making the determination of whether the child meets Head Start eligibility criteria.

The IEP determines the type of placement and the specific programming that are appropriate for a child. The least restrictive environment must be provided and staff need to understand that this means the most appropriate placement in a regular program to the maximum extent possible based on the IEP.

Because it is individually determined, the least restrictive environment varies for different children. Likewise, the least restrictive environment for a given child can vary over time as the disability is remedied or becomes more severe. A mainstreamed placement, in a regular program with services delivered by regular or special staff is one type of integrated placement on the continuum of possible options. It represents the least restrictive environment for many children. It is ideal if a child can be included in the full program with modifications of some of the small group, large group or individual program activities to meet his or her special needs and this should be the first option considered. However, this may not be possible or realistic in some cases.

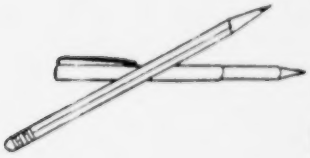
Following screening, evaluation and determination that a child meets the eligibility criteria and has a disability, a plan to meet the child's individual needs for special education and related services is developed. In order to facilitate communication with other agencies that may cooperate in providing services and especially with Local Education Agency (LEA) or private schools, which the children will eventually enter, it is recommended that programs become familiar with the format of the IEP used by the LEAs and use that format to foster coordination. However,the format of the IEP to be developed for children in Head Start can vary according to local option. It should be developed to serve as a working document for teachers and others providing services for a child. It is recommended that the staff review the IEP of each child with a disability more frequently than the minimum requirement, as stated in the new disability regulations of once a year, to keep the objectives and activities current.

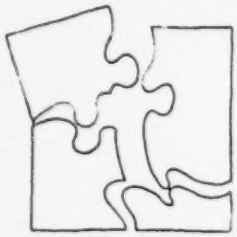
The IEP team needs to consider:

a) the findings and recommendations of the multi-disciplinary evaluation team,
b) observation and developmental assessment information from the Head Start staff and parents,
c) parental information and desires, to plan for the IEP that provides the best situation for each child.

In order to ensure that the child with the disability is receiving the most appropriate services, the IEP should be reviewed periodically during the program year. It may be the case that the child should be receiving more or less services than was originally written in the IEP. If Head Start is not an appropriate placement to meet the child's needs according to the IEP, referral should be made to another agency.

**Every child receiving services in Head Start who has been evaluated and found to have a disability according to the Head Start eligibility criteria and is in need of special education must have an IEP before special education and related services are provided to ensure that comprehensive information is used to develop the child's program.** (subpart E, 1308.19 (b))





## ELEMENTS OF THE HEAD START IEP

**A statement of the child's present level of functioning** in the social-emotional, motor, communication, self-help, and cognitive areas of development, and the identification of needs in those areas requiring specific programming must be included in the document. In order to effectively consider and write goals and behavioral objectives for a child with a disability, the "baseline", or starting point must be indicated. (1308.19 (e)(1))

**A statement of annual goals, including short-term goals, or behavioral objectives for meeting those goals must be written** as a part of the IEP. The annual goals may include just a few long-term goals for the child to work toward. These may cover anywhere from six months to a year in length. Several short-term goals should be written as a further help in meeting the long-term goals. These behavioral objectives should be observable, measurable, and specific. (1308.19 (e)(2))

**A statement of services to be provided by each Head Start component that are in addition to those services provided for all Head Start children,** including transition services, must be included as a part of the IEP. Each component area is important to the child with a disability; each component coordinator needs to be a part of the IEP process in providing a balanced, working educational plan for that child and his/her family. The services that will be incorporated in this program must be specified in the IEP. (1308.19 (e)(3))

**A statement of the specific special education services and related services to be provided to the child** and his/her family. (1308.19 (e)(4)) This includes services provided by Head Start and services provided by other agencies and non-Head Start professionals. An abridged list of examples of some related services follow:

*family counseling
*psychotherapy
*transportation
*speech therapy
*physical therapy
*assistive technology devices/services

**A statement of objective criteria and evaluation procedures** for determining at least annually whether the short-term goals are being achieved or need to be revised. Evaluation is a vital part of the educational process for any child, with or without a disability. (1308.19 (e)(7))

**A statement(s) of family goals and objectives related to the child's disabilities** must be a viable part of the IEP document. (1308.19 (e)(8)) From its inception, Head Start's philosophy has been built on the continued involvement and active participation of the family. This support is a vital part in the life of a child with a disability. If the LEA develops the IEP, then Head Start must provide additional documentation of these family goals. **If Head Start develops the IEP, the IEP must take into account the child's unique needs, strengths, developmental potential and the family strengths and circumstances as well as the child's disabilities.** (1308.19 (d))

**The identification of the personnel responsible for the planning and supervision of services and for the delivery of services must be included.** Equally important are the **projected dates for initiation of services and anticipated duration of services.** (1308.19 (e)(5)(6))

## THE TEAM EFFORT

As outlined in the new disability regulations (1308.19 (f)(1-4)(g)(h)), when **Head Start develops the IEP, the team must include:**

1. The Head Start disability service coordinator or a representative qualified to provide or supervise the provision of special education services;

2. The child's teacher or home visitor;

3. One or both of the child's parents or guardians; and

4. At least one of the professional members of the multi-disciplinary team that evaluated the child.

5. An LEA representative **must** be invited in writing if Head Start is initiating the request for the IEP meeting.

The grantee may also invite other individuals at the request of the parents and other individuals at the discretion of the Head Start program, including those component staff particularly involved because of the nature of the child's disability.

## OTHER REQUIREMENTS SET FORTH IN THE PERFORMANCE STANDARDS

### TIMELINE

A meeting must be held at a time convenient for the parents and staff to **develop the IEP within 30 calendar days** of a determination that the child needs special education and related services. Services must begin **as soon as possible** after the development of the IEP. (1308.19 (i))

Grantees must **initiate the implementation of the IEP as soon as possible after the IEP meeting** by modifying the child's program in accordance with the IEP and arranging for the provision of related services. If a child enters Head Start with an IEP completed within two months prior to entry, services must begin within the first two weeks of program attendance.

### PARENT INVOLVEMENT IN THE IEP PROCESS

Grantees and their delegates must make vigorous efforts to involve parents in the IEP process. The grantee must notify parents in writing and if necessary also verbally or by other appropriate means about the purpose, the participants, the time and location of the IEP meeting far enough in advance so that there is opportunity for them to participate.

Make every effort to assure that the parents understand the purpose and proceedings and that they are encouraged to provide information about their child and their desires for the child's program. This may be the first time that the parent is actually having to face the fact that their child has a disability that could have an impact on his/her education in the future. The participants in the IEP process must be sensitive to that fact and act accordingly. The parents are equal partners in the development of the individualized education program.

Foreign language or sign language interpreters, if needed, must be provided and a copy of the IEP in the parent's primary language must be offered to them.

The IEP meeting may be held without the parents **only** if neither parent can attend, and after repeated attempts to establish a date or facilitate their participation. In that case, the Head Start program must document its efforts to involve the parents through records of phone calls, letters in the parent's primary language or visits to parent's home or places of work, along with any

responses or results; and **arrange an opportunity to meet with the parents to review the** results of the meeting and **secure their input and signature.** (1308.19)

The requirements that grantees and their delegates make "vigorous efforts" to involve parents in the IEP process is amplified in the guidance provided in Part 1308.19 (j):

> Programs are encouraged to offer parents assistance in noting how their child functions at home and in the neighborhood. Parents should be encouraged to contribute this valuable information to the staff for use in ongoing planning. Care should be taken to put parents at ease and to eliminate or explain specialized terminology. Comfortable settings, familiar meeting rooms and ample preparation can help lessen anxiety. *The main purpose is to involve parents actively, not just to obtain their signature on the IEP.*

HELPING PARENTS ADVOCATE FOR THEIR CHILD

*It is vital that the Head Start staff begin to assist parents in developing confidence, strategies and techniques to become effective advocates for their children, to understand their rights under **IDEA**, and to negotiate complicated systems.* Under the **IDEA,** a federally funded Parent Training and Information Program has been established whereby parent training centers in each state provide information, support and assistance to parents enabling them to advocate for their child. Information regarding these centers should be given to each parent of a child with a disability. They need to gain the confidence and skills to access resources and negotiate systems with increasing independence because they may need to advocate for their child for a number of years.

Some parents of children with disabilities are also disabled. Staff may need to adjust procedures for assisting parents who have disabilities to participate in their children's programs. Materials to assist in this effort are available from technical assistance providers; see Appendix B.

## ANNUAL GOALS AND BEHAVIORAL OBJECTIVES

The individualized education program (IEP) is a working document, specifically designed for a certain child with a particular disability. It could almost be viewed as a "map" of sorts, a guide along a path toward a goal for that child. One of the essential elements of the IEP is a statement of the current level of performance of the child. This knowledge provides the "plumb line" from which planning for the child becomes much easier. Without knowing the beginning, it would be extremely difficult to evaluate the end, or the reaching of the goal. Just as a traveler needs a map to reach an unknown destination, so the teachers, aides, and other professionals providing services for the child require a guide to reach their

destination--the achievement of goals and objectives in and out of the classroom.

Once the multi-disciplinary evaluation team has made a determination of a disability and need for special education, a conference or IEP staffing should be scheduled, ensuring that all of the primary parties involved have adequate time to prepare and attend the conference. The parties include: teachers, professionals relating to the particular disability, at least one member of the multi-disciplinary team, LEA representative, and, of course, the parent(s). The invitations should be in person (telephone) and in writing, with the particular responses documented and filed. It should be remembered that this conference is to discuss the strengths and the goals of the child with the disability and his/her family. Each member of the team may come prepared with a report of the child's strengths and suggestions for goals, however, it is vital that the goals and objectives be thoroughly discussed and considered with each member of the team being an equal partner! The IEP is written at this time, not simply compiled with the consent of the parent(s).

ANNUAL GOALS

**An annual goal is a long-term goal--a broad statement of what the child and/or the parent(s) will accomplish by the end of the school year.** These goals may be written for each component area. Educational goals--one for each developmental area (motor, language, cognitive, social/behavior, and self-help)--are written for the child based on the current level of functioning and the disability. Parent goals that may be written are based on the need of the family and the child's disability. There are no "right" or "wrong" answers in projecting long-term goals for a child. The goals must be based on a careful consideration of the learning rate, severity of the disability, program options, and needs of the family. Goals set too low can cause staff and teachers to lower their expectations and underestimate the child. Goals set too high can lead to frustration for both the child and the teacher. The IEP team needs to try to write annual goals based on realistic expectations. As is the case for behavioral objectives (discussed in the next section), there is no specific language suggested or a "formula" per se. The main points that must be addressed in a long-term goal are **who? will do what? when?**

| WHO | WILL DO WHAT | BY WHAT DATE |
|---|---|---|
| child/parent | complete behavior/action that will be achieved | end of school year |

LaToya's classroom vocabulary will increase 75% by May, 1994.

Kate will follow classroom directions during "transition" times by May, 1994.

BEHAVIORAL OBJECTIVES

**Objectives are specific short range statements and are directly related to the long - term goal.** Each objective should be written in observable terms. It states what you want the child or parent to learn or do and needs to be **measurable and specific.** This means that you can see or hear the child perform the behavior and count the number of times he/she does the task. Two people should get the same results when observing the behavior. When writing objectives every effort should be made to use action verbs. The following verbs describe observable actions:

| **Language** | **Fine Motor** | **Social** | **Cognitive** |
|---|---|---|---|
| speak | color | interact | point to |
| locate | print | share | mark |
| describe | string | attend | count orally |
| match | connect | play | label |
| verbalize | trace | give | circle |
| ask questions | copy | verbalize | locate |

Several words to avoid in writing behavioral objectives include: increase, develop, demonstrate, listen, recognize, think, feel, and improve. **Because these are not directly observable,** two different observers would not get the same results. There are four parts to a behavioral objective: **who, will do what, with what aid, and how well.**

EXAMPLES OF PRECISE BEHAVIORAL OBJECTIVES

WHO:

+ the person who will perform the behavior; usually the child or the parent

**Juan** will remain seated during story time with one reminder for five minutes each day.

**Leota** will draw a square when given dots to trace, 3/4x.

WILL DO WHAT:

+ specific, measurable behavior to be performed

Juan **will remain seated during story time** with one reminder for five minutes each day.

Leota **will draw a square** when given dots to trace, 3/4x.

14

WITH WHAT TYPE OF AID:

+ type of assistance the child will need

Juan will remain seated during story time **with one reminder** for five minutes each day.

Leota will draw a square **when given dots to trace,** 3/4x.

HOW WELL:

+ the number of times, length of the time, the child or parent must successfully perform the skill

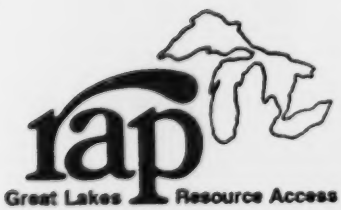
Juan will remain seated during story time with one reminder **for five minutes each day.**

Leota will draw a square when given dots to trace, **3/4x.**

## SUMMARY

It is vital to remember the purpose of the individualized education program when trying to decipher what seems to be a maze of "do's and don't's" in developing the IEP. The child with a disability, regardless of the severity, has a right to the most complete and appropriate education that can be offered. In order to accomplish this, a plan or "roadmap", complete with signs and routes, must be developed by a team of professionals, paraprofessionals, and parents. Goals and objectives, written on the basis of the child's strengths rather than just the deficits, make up the largest portion of this working document. In order to implement the IEP in the Head Start classroom, this process or development must be viewed as a "team approach".

"Each child's IEP must form the basis for determining which service options can meet the child's individual needs. In many cases, delivering the most appropriate educational services for a child with a disability will require collaborating with community resources, particularly local educational agencies. Head Start programs must continue to develop and sustain relationships with their partners. This process requires taking time to learn and respect what each partner can contribute and to establish the trust and teamwork which allow the child and family's needs to be at the center of planning for services." (O'Brien, 1993a.)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## APPENDIX A

### COMPARISON OF HEAD START REGULATIONS FOR CHILDREN WITH DISABILITIES AND THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT, PART B, SUBPARTS D AND E[1]

The legal requirements of these two laws are organized according to the order of the Head Start regulations. This format should be useful for Head Start, Local Education Agencies, and parents who want to compare requirements for the IEP process.

Users of this comparison are urged to consult the actual federal regulations as well as state rules and other program requirements (e.g. applications for federal or state funds).

The information is presented here in summary form, beginning with the Head Start regulations. Readers should check the actual regulations for the full and precise requirements, which also contain helpful guidance. Both the Head Start and IDEA, Part B regulations contain useful explanations in the beginning sections of the regulations (prior to the actual regulations themselves). In addition, a guidance section at the back of the Head Start regulations contains much helpful information for both Head Start programs and LEAs related to implementation and collaboration. Finally, this material below relates only to federal requirements. Review of state rules and other program requirements is critical, because these generally provide additional provisions and more direction related to implementation issues.

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[1] Adapted with permission from a chart prepared by Peggy Stephens, Mid-South Regional Resource Center, Interdisciplinary Human Development Institute, 114 Mineral Industries Bldg., University of KY, Lexington KY 40506-0051 (616-257-4131), 1993.

| HEAD START | IDEA, PART B |
|---|---|
| Subpart D: Health Services Performance Standards | |
| Assessment of children<br>1) Screening - Beginning with 1993-94 program year, Head Start must screen all enrollees within 45 days of the beginning of the program in the Fall or, if the child enrolls later in year, 45 days after enrollment. Screening can be in the previous Spring. It must include:<br>-Standardized Health Screening<br>-Developmental Screening -<br>(a) visual/motor,<br>(b)language and cognition, and<br>(c) gross motor/body movement using standardized instruments when they exist<br>-Speech Screening<br>-Vision Screening<br>-Hearing Screening<br>-Observation data<br>-Parent reports and home visit data<br>Disabilities coordinator works with both Head Start health and education coordinators on their respective screenings. Parents informed prior to screening re: types and purposed of screening. Parents informed of screening results and purposes and results of any subsequent evaluations. | Assessment of children<br>1) As part of Child Find, LEAs must have a practical method for the identification, location and evaluation all children within its jurisdiction who may need special education and related services. Before the State conducts any major Child Find activity, a notice must be publicized. |
| 2)Developmental Assessment - conducted for each Heads Start enrollee re: gross and fine motor skills, perceptual discrimination, cognition, attention skills, self-help, social and receptive skills and expressive language. Disabilities coordinator works with education coordinator who oversees this assessment. Disabilities coordinator sees this information is available for later diagnostic and program planning purposes for children with disabilities. | 2)Developmental Assessment - No comparable requirement |

| HEAD START | IDEA, PART B |
|---|---|
| Subpart D: Health Services Performance Standards (continued) | |
| 3) Evaluation -<br>-Referral for evaluation to LEA by disabilities coordinator as soon as the need is evident, as early as child's third birthday.<br>-If LEA does not evaluate, Head Start arranges or provides.<br>-Evaluation requirements: in child's native language or mode of communication; nondiscriminatory re: race, culture or child's impaired sensory, manual or communication skills; done by one State certified or licensed; no single procedure sole criterion; done by multidisciplinary team including at least one teacher or specialist with knowledge about suspected disability; use validated materials; assess all areas related to suspected disability; if child's primary disability appears to be speech, team must include speech pathologist and ensure this is not a symptom of another disability; parental consent prior to initial evaluation to determine if child has a disability; confidentiality of child records with parent opportunity to examine records in timely manner; parents must be notified if other evaluation determined needed; evaluation results and purpose must be explained to parents; team determines if child needs special education and related services and communicates to disabilities coordinator which eligibility criteria child meets and program recommendation; only children to be counted as having disability are those so determined by team. | 3) Evaluation -<br>-As part of Child Find, LEAs must have a practical method to identify, locate and evaluate all children within its jurisdiction who may need special education and related services.<br>-LEA gives written parental notice concerning refusal to evaluate child.<br>-Evaluation requirements: Comparable requirements |

| HEAD START | IDEA, PART B |
|---|---|
| Subpart D: Health Services Performance Standards continued | |
| Eligibility - Goal of this section is to make Head Start eligibility definitions compatible with that of the SEA to foster collaboration and minimize confusion for both parents and agencies. The regulations establish definitions for the following disability areas:<br>1) Health impairment - in addition to other conditions, includes attention deficit disorder (ADD) as long as it is severe and only for 4 and 5 year olds. 3 year olds cannot be identified only because of ADD. Health impairment also includes AIDS.<br>2) Emotional/behavioral disorders<br>3) Speech or language impairments<br>4) Mental retardation<br>5) Hearing impairment including deafness<br>6) Orthopedic impairment<br>7) Visual impairment including blindness<br>8) Learning disabilities - definition made relevant to preschool children and applies only to 4 and 5 year olds; 3 year olds can be identified as LD only if referred with a prior diagnosis<br>9) Autism<br>10) Traumatic Brain Injury<br>11) Other Impairments: Purpose of this category is to foster continuity and collaboration between LEAs and Head Starts. It includes developmental delay as defined by the State, multiple disabilities and deaf-blind. It also includes other preschool categories that are established by the SEA, e.g. "preschool disabled". "educationally handicapped", etc. | Eligibility - Eligibility definitions are essentially compatible with federal IDEA, Part B definitions. Users of this document are urged to investigate SEA eligibility criteria which is typically more extensive than the definitions established in the federal regulations for both Head Start and IDEA, Part B. |

| HEAD START | IDEA, PART B |
|---|---|
| Subpart D: Health Services Performance Standards (continued) | |
| Disabilities/health services coordination -<br>-Disabilities and health coordinators work together re: assessment and followup<br>-Mental health efforts should be coordinated by the disabilities coordinator and Head Start staff responsible for mental health<br>-Head Start director or designee must supervise administration of all medications. Rules are given for procedures and records related to medications. | Disabilities/health services coordination -<br>No comparable requirements |
| HEAD START | IDEA, PART B |
| Subpart E: Education Services Performance Standards | |
| Individualized Education Programs (IEPs) Process -<br>-Multidisciplinary team makes eligibility determination based on a variety of information.<br>-Any child determined to have a disability and need special education and related services must have an IEP before special education and related services are provided.<br>-When LEA develops IEP, Head Start representative must try to participate in IEP meeting and placement decision for any Head Start eligible child.<br>-IEP meeting must be within 30 days of determination that child needs special education and related services.<br>-IEP services must start as soon as possible after IEP is written. If child enters Head Start within 2 months prior to entry, IEP must be implemented within 1st 2 weeks of attendance. | Individualized Education Programs (IEPs) Process - Comparable requirements |

| HEAD START | IDEA, PART B |
|---|---|
| Subpart E: Education Services Performance Standards (continued) | |
| Individualized Education Programs (IEPs) Document - IEP must include:<br>"1) A statement of the child's present level of functioning in the social-emotional, motor, communication, self-help, and cognitive areas of development, and the identification of needs in those areas requiring specific programming.<br>2) A statement of annual goals, including short term objectives for meeting these goals.<br>3) A statement of services to be provided by each Head Start component that are in addition to those services provided for all Head Start children, including transition services.<br>4) A statement of the specific special education services to be provided to the child and those related services necessary for the child to participate in a Head Start program. This includes services provided by other agencies and non-Head Start professionals.<br>5) The identification of the personnel responsible for the planning and supervision of services and for the delivery of services.<br>6) The projected dates for initiation of services and the anticipated duration of services.<br>7) A statement of objective criteria and evaluation procedures for determining at least annually whether the short-term objectives are being achieved or need to be revised.<br>8) Family goals and objectives related to the child's disabilities when they are essential to the child's progress." | Individualized Education Program (IEPs) Document - IDEA, Part B requirements are basically comparable except for the last Head Start IEP requirement related to "family goals and objectives related to the child's disabilities when they are essential to the child's progress." It should be noted, however, that IDEA, Part B regulations include in the definition of related services in § 300.16(b)(6) a distinctly different yet relevant provision for "Parent counseling and training means assisting parents in understanding the special needs of their children and providing parents with information about child development."<br><br>Also noteworthy in the Head Start IEP as compared to the IDEA, Part B IDEA:<br>-Item #3 related to transition services<br>-Item #4 and #5 as vehicles for delineating interagency roles and responsibilities when appropriate. |

| HEAD START | IDEA, PART B |
|---|---|
| Subpart E: Education Services performance Standards (continued) | |
| Individualized Education Programs (IEPs) - IEP Meeting Participants<br>-Head Start disabilities coordinator or representative qualified to provide or supervise special education<br>-Child's teacher<br>-Child's parents or guardians<br>-At least one member of the multidisciplinary team that evaluated the child<br>-LEA representative (must get written invitation if Head Start initiates meeting)<br>-Others at the discretion of the parents, Head Start, including other Head Start component staff. | Individualized Education Programs (IEPs) - IEP Meeting Participants - Comparable requirements. |
| Individualized Education Programs (IEPs) - Parent Involvement<br>-Notify in writing and other means as needed re: time and location of IEP early enough to give them chance to attend.<br>-Make every effort to ensure that parents understand meeting purpose and proceedings and to encourage them to give information about their child and their desires for their child's program.<br>-Provide interpreters if needed.<br>-Offer a copy of IEP to parents in their language of understanding after IEP is signed.<br>-Hold meeting without parents only after repeated documented efforts to involve. If parents do not attend, arrange meeting with parents to review IEP and meeting results and get their input and signature. | Individualized Education Programs (IEPs) - Parent Involvement - Basically comparable requirements. IDEA, Part B does not require that parents sign the IEP but does require that parents give informed written consent to initial placement in special education and related services. |

## APPENDIX B

PARENT TRAINING AND INFORMATION CENTERS

These centers are funded by the Division of Special Education Program (OSEP), U. S. Department of Education, to provide training and information to parents to enable such individuals to participate more effectively with professionals in meeting the educational needs of children with disabilities.

ILLINOIS

Family Resource Center on Disabilities (FRCD)
20 East Jackson Blvd., Room 900
Chicago, IL 60604
312-939-3513
312-939-3519 (TDD/TTY)
800-952-4199
312-939-7297

Designs for Change
6 N. Michigan, Suite 1600
Chicago, IL 60602
312-857-9292

INDIANA

Indiana Resource Center for
Families with Special Needs (IN*SOURCE)
833 E. Northside Blvd., Building 1, Rear
South Bend, IN 46617
219-234-7101 (V/TDD)
800-332-4433 (Indiana only)
219-287-9651 (FAX)

MICHIGAN

Parents are Experts: Parents
Training Parents Project
23077 Greenfield, Rd., Suite 205
Southfield, MI 48075-3744
313-557-5070 (Voice/TDD)
800-221-9105
517-485-4145 (FAX)

Citizens Alliance to Uphold Special
Education (CAUSE)
313 So. Washington Sq. Suite 040
Lansing, MI 48933
517-485-4084 (Voice/TDD)
800-221-9105
517-485-4145 (FAX)

MINNESOTA

PACER Center, Inc.
4826 Chicago Avenue South
Minneapolis, MN 55417
612-827-2966 (V/TDD)
800-53P-ACER (parents only)
612-827-3065 (FAX)

OHIO

Child Advocacy Center
1821 Summit Road, Suite 303
Cincinnati, OH 45237
513-821-2400
513-821-2442 (FAX)

Ohio Coalition for the Education of Handicapped Children (OCEHC)
1299 Campbell Road, Suite B
Marion, OH 43302
614-382-5452 (Voice/TDD)
800-374-2806

Training Center
933 High St., Suite 106
Worthington, OH 43085
614-431-1307 (V/TDD)

WISCONSIN

Parent Education Project of WI, Inc. (PEP-WI)
2001 West Vliet St.
Milwaukee, WI 53205
414-937-8380
800-231-8382
414-933-6077 (FAX)

# HEAD START

**Anytown, U.S.A.**

## Sample Individual Education Program

**General Information** **Date of Conference**_____

**Child's Name**_____ **Birthdate**_____ **Age**_____ **Primary Language**_____

**Current Program**_____ **Teacher/Home Visitor**_____ **Site**_____

**IEP Committee**

| NAME | TITLE |
|---|---|
| _____ | Parent/Guardian |
| _____ | Parent/Guardian |
| _____ | Teacher/Home Visitor |
| _____ | DisabilityCoordinator |
| _____ | (LEA Representative) |
| _____ | |
| _____ | |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Parent & Teacher Concerns:**

**Present Level of Development** *List below the child's current skills in each of the following areas:*

Gross Motor _____

Fine Motor _____

Perpetual _____

Cognitive _____

Speech/Language _____

Social/Emotional _____

Self Help _____

THIS IEP FORM IS ONLY A SAMPLE FORM. SOME OF THE ELEMENTS AND FORMAT MAY DIFFER FROM STATE TO STATE. THIS SAMPLE MAY, HOWEVER, PROVIDE THE HEAD START PROGRAM WITH A POINT FROM WHICH TO START.



Source: The Rapid File, compiled by the Resource Access Project Region IX

# Sample IEP
*(Continued)*

## Program Options

| Program Placement | How Often | How Long | Person Responsible | Start Date |
|---|---|---|---|---|
| Center Based | | | | |
| Home Based | | | | |
| Other Special Education Program | | | | |
| Other: | | | | |

THIS IEP FORM IS ONLY A SAMPLE FORM. SOME OF THE ELEMENTS AND FORMAT MAY DIFFER FROM STATE TO STATE. THIS SAMPLE MAY, HOWEVER, PROVIDE THE HEAD START PROGRAM WITH A POINT FROM WHICH TO START.

## Special and Related Service

| Special Service | How Often | How Long | Person Providing | Start Date |
|---|---|---|---|---|
| Speech Therapy | | | | |
| Psychological | | | | |
| OT/PT | | | | |
| Health | | | | |
| Other: | | | | |
| Other: | | | | |

## Statement of Parent Involvement and Consent for Special Services

I have worked with Head Start staff to develop this Individual Education Program (IEP) for my child. It has been discussed with me in my native language/primary mode of communication and I agree with its contents. I hereby give my consent to the services described in this IEP including the program placements, special services, goals and objectives to be carried out.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

# Sample IEP

AREA _____

Long Term Goal _____

## Short Term Objectives

| Objective | Special Methods or Materials | Evaluation Critieria | Time Line: Start | Review | Achieved |
|---|---|---|---|---|---|
| | | | | | |
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THIS IEP FORM IS ONLY A SAMPLE FORM. SOME OF THE ELEMENTS AND FORMAT MAY DIFFER FROM STATE TO STATE. THIS SAMPLE MAY, HOWEVER, PROVIDE THE HEAD START PROGRAM WITH A POINT FROM WHICH TO START.

# Sample IEP
(con't.)

## Prioritized Long Term Goals

Educational Area: _____

Health/Nutrition: _____

Social Service/Parent Involvement: _____

Transition Information: _____

Other Head Start Services: _____

THIS IEP FORM IS ONLY A SAMPLE FORM. SOME OF THE ELEMENTS AND FORMAT MAY DIFFER FROM STATE TO STATE. THIS SAMPLE MAY, HOWEVER, PROVIDE THE HEAD START PROGRAM WITH A POINT FROM WHICH TO START.

| | Date | Continue/Revise | Signatures |
|---|---|---|---|
| IEP Reviews 1) | | | |
| 2) | | | |
| 3) | | | |

# HEAD START

Anytown, U.S.A.

## Sample Individual Education Program

**General Information** Date of Conference November 4, 1993

Child's Name La Toya Smith Birthdate 2/16/90 Age 4 Primary Language English

Current Program Anytown Head Start Teacher/Home Visitor J. Lawrence Site Central

**IEP Committee**

| NAME | TITLE |
|---|---|
| Mary Smith | Parent/Guardian |
| | Parent/Guardian |
| J. Lawrence | Teacher/Home Visitor |
| Ms. Howard | DisabilityCoordinator |
| Mrs. T. Vaughn | (LEA Representative) |
| Ms. Thompson | Speech Therapist |

**Parent & Teacher Concerns:**

La Toya suffered from chronic ear infections in infancy. Has had tubes in her ears since that time. Concern over possible permanent hearing and speech problems.

**Present Level of Development** *List below the child's current skills in each of the following areas:*

Gross Motor age level appropriate

Fine Motor age level appropriate

Perpetual

Cognitive needs teacher reminder in directions

Speech/Language goals follow

Social/Emotional plays well alone prefers to play "alone" and small group play areas

Self Help

THIS IEP FORM IS ONLY A SAMPLE FORM. SOME OF THE ELEMENTS AND FORMAT MAY DIFFER FROM STATE TO STATE. THIS SAMPLE MAY, HOWEVER, PROVIDE THE HEAD START PROGRAM WITH A POINT FROM WHICH TO START.

APPENDIX D

Source: The Rapid File, compiled by the Resource Access Project Region IX

# Sample IEP
(con't.)

## Prioritized Long Term Goals

Educational Area: to build upon existing social skills by May to follow classroom directions

Health/Nutrition:

Social Service/Parent Involvement:

Transition Information:

Other Head Start Services: speech - to increase vocabulary by May

THIS IEP FORM IS ONLY A SAMPLE FORM. SOME OF THE ELEMENTS AND FORMAT MAY DIFFER FROM STATE TO STATE. THIS SAMPLE MAY, HOWEVER, PROVIDE THE HEAD START PROGRAM WITH A POINT FROM WHICH TO START.

| | Date | Continue/Revise | Signatures |
|---|---|---|---|
| IEP Reviews 1) | | | |
| 2) | | | |
| 3) | | | |

# Sample IEP

AREA Social

Long Term Goal to build upon existing social skills

## Short Term Objectives

| Objective | Special Methods or Materials | Evaluation Critieria | Time Line: Start | Time Line: Review | Time Line: Achieved |
|---|---|---|---|---|---|
| La Toya will play cooperatively with one other child in free play | housekeeping area | 90% | 11-93 | 5-94 | |
| La Toya will participate in an activity for 4-6 min. with one teacher reminder | small group<br>art center<br>free play | 2% | 11-93 | 2-94<br>2-94<br>5-94 | |

THIS IEP FORM IS ONLY A SAMPLE FORM. SOME OF THE ELEMENTS AND FORMAT MAY DIFFER FROM STATE TO STATE. THIS SAMPLE MAY, HOWEVER, PROVIDE THE HEAD START PROGRAM WITH A POINT FROM WHICH TO START.

# Sample IEP

AREA Cognitive

Long Term Goal to follow classroom directions

## Short Term Objectives

| Objective | Special Methods or Materials | Evaluation Critieria | Time Line: Start | Time Line: Review | Time Line: Achieved |
|---|---|---|---|---|---|
| La Toya will follow a simple 2-step direction in the classroom. | teacher reminder | 4/5 x | 11-93 | 2-94 | |
| La Toya will follow a 3-step direction in the classroom. | teacher reminder | | | 5-94 | |

THIS IEP FORM IS ONLY A SAMPLE FORM. SOME OF THE ELEMENTS AND FORMAT MAY DIFFER FROM STATE TO STATE. THIS SAMPLE MAY, HOWEVER, PROVIDE THE HEAD START PROGRAM WITH A POINT FROM WHICH TO START.

# Sample IEP

AREA Speech

Long Term Goal to increase vocabulary

## Short Term Objectives

| Objective | Special Methods or Materials | Evaluation Critieria | Time Line: Start | Time Line: Review | Time Line: Achieved |
|---|---|---|---|---|---|
| LaToya will identify items and pictures from the following categories:<br>a) teachers/peers<br>b) classroom objects<br>c) food<br>d) actions<br>e) attributes (hot, big, many, all, etc.)<br>f) feelings | naturalistic settings<br>* point to<br>* pick out<br>* verbally identify | 5 to 10 per category | 11-93 | 1-94<br>5-94 | |
| La Toya will label items and pictures from the following categories:<br>a-f (above) | naturalistic settings | | | 1-94<br>5-94 | |

THIS IEP FORM IS ONLY A SAMPLE FORM. SOME OF THE ELEMENTS AND FORMAT MAY DIFFER FROM STATE TO STATE. THIS SAMPLE MAY, HOWEVER, PROVIDE THE HEAD START PROGRAM WITH A POINT FROM WHICH TO START.

# Sample IEP
*(Continued)*

## Program Options

| Program Placement | How Often | How Long | Person Responsible | Start Date |
|---|---|---|---|---|
| Center Based | full-time | school year | Ms. Howard | Sept. 3, 1993 |
| Home Based | | | | |
| Other Special Education Program | | | | |
| Other: | | | | |

THIS IEP FORM IS ONLY A SAMPLE FORM. SOME OF THE ELEMENTS AND FORMAT MAY DIFFER FROM STATE TO STATE. THIS SAMPLE MAY, HOWEVER, PROVIDE THE HEAD START PROGRAM WITH A POINT FROM WHICH TO START.

## Special and Related Service

| Special Service | How Often | How Long | Person Providing | Start Date |
|---|---|---|---|---|
| Speech Therapy | 3x weekly | school year | Ms. Thompson | Nov. 20, 1993 |
| Psychological | | | | |
| OT/PT | | | | |
| Health | | | | |
| Other: | | | | |
| Other: | | | | |

## Statement of Parent Involvement and Consent for Special Services

I have worked with Head Start staff to develop this Individual Education Program (IEP) for my child. It has been discussed with me in my native language/primary mode of communication and I agree with its contents. I hereby give my consent to the services described in this IEP including the program placements, special services, goals and objectives to be carried out.

Mary Smith — Parent/Guardian

Nov. 4, 1993 — Date

ent/Guardian



Date

## STATE UPDATES

### Illinois

The Illinois Head Start Association Training Conference took place on January 25-27, 1994 in Springfield, Illinois. The Great Lakes RAP staff did training on Behavior Management, Planning Time and Space, Writing for Dollars, and How to Write Effective Disability Service Plans.

The Project Coordinator and Illinois Program Specialist met with the Illinois State Education Agency staff on January 27, 1994 to discuss how RAP can better facilitate Head Start's involvement with public schools and to answer questions about the new disability regulations.

A one-day workshop on Fetal Alcohol Syndrome will be presented on March 11, 1994 in Mt. Vernon, IL at the Ramada Hotel. This session would be appropriate for any Head Start staff who work with families. In addition, RAP is planning the Illinois Disability Retreat for Directors and Disability Service Coordinators to be held on April 25th-26th at the Allerton Conference Center. The Retreat will focus on collaboration with local school districts and writing interagency agreements.

### Indiana

The Great Lakes RAP began its training year in earnest with a series of one-day workshops on the topic of Fetal Alcohol Syndrome. The first workshop took place in Merrillville on October 22, 1993 with Gay Chisum serving as the presenter and consultant. Ms. Chisum presented the four-hour workshop a second time in Columbus, Indiana on December 3rd. The comments following each workshop reflected a desire and need for even more training on this area of prenatal exposure to substances.

The Project Coordinator and Indiana Program Support Specialist traveled to Indianapolis, October 28th to present a half-day training on Head Start and the new disability regulations to a group of public school administrators as part of an Inclusion Forum.

Indianapolis was the site of the "first annual" Winter Network Meeting for Directors, Disability Coordinators and teachers. This year the topic was "Working with Families--A Team Approach". Seventy participants attended, enjoying a full day of sessions revolving around this topic.

Future trainings include a half-day workshop entitled "Overview of Exceptional Children," February 4, 1994 and a full-day workshop on emotional issues and children with Dr. Barbara Reid of the University of Wisconsin. This workshop will be limited to thirty participants and will be held in Huntington on March 25th. The year will finish off with the Spring Retreat on May 5-6, 1994. The area to be studied will be "Writing Disability Plans."

**Michigan**

Dr. Gerald Miller, Department of Social Services Director, has sent "An Open Letter to All Michigan Dentists" encouraging them to serve medicaid eligible children. This development is a result of the MHSCDA advocacy work with Dr. Miller and other key figures in the legislature and dentistry.

A Head Start--State Collaboration Project Advisory Board is being formed. Once final appointments are made work will begin on prioritized issues.

Early On Coordinators along with various representatives from the Head Start community and the RAP Program Specialist met to exchange information and share resources. This was the first of what is hoped to be at least a quarterly event.

According to an article written by Jacquelyn Thompson, Early On State Coordinator with the Department of Education, "Statewide implementation of coordinated early intervention services in Michigan has arrived. After five and one half years of planning, negotiating, debating, piloting, and evaluating we are moving from vision to action." Her tribute to all who have worked toward the goal continues with these words: "Hold steadfast to the vision of family-centered coordinated service delivery and take pride in your contributions." Congratulations to all who have worked to make the vision become action in the state of Michigan!

Dr. Richard Baldwin, Director of the Office of Special Education has issued a memo regarding the use of the intermediate school district special education mileage to reimburse costs of shared programs. The interpretation came as a result of questions regarding sharing of resources when preschoolers are eligible for special education and are placed in Head Start, Early Four, day care or other programs.

America's Disability Channel (ADC), a national cable network featuring informational and entertainment programming "Focusing on Ability" as well as public service announcements is available in Dearborn and Southfield on channel 11 (Continental Cablevision); in Saginaw on cable channel 35 (Saginaw Public Schools); and in Kalamazoo on cable channel 28 (Western Michigan University). The channel cablecasts in four communication forms simultaneously -- sign language, open captioning, audio descriptive narration, and full sound. ADC airs daily from 8 to 11 a.m. and has plans to expand to 24 hour programming.

The Great Lakes RAP sponsored Three-Part Series on Dealing with Difficult Behaviors is scheduled for February 11, 1994 at Montcalm Community College in Sidney, March 3, 1994 at Oakland Livingston Intermediate School District in Pontiac, and April 15, 1994 at the Hope Reformed Church in Holland. Donna Rhodes Ollerman from the Redford Union Day Treatment Center is the trainer for the event.

There will be a March 18, 1994 Disability Services Coordinator Meeting in Greenville at the Winter Inn. The entire day will focus on strategies for writing interagency agreements.

**Minnesota**

The Minnesota Head Start Association will meet February 8-9, 1994 in St. Cloud, Minnesota.

The Great Lakes RAP, ACF Region V Office, Cornerstone/Department of Jobs and Training, and the Minnesota Department of Education will sponsor three forums throughout the state in February for public school and Head Start personnel on the federal disability regulations and collaboration efforts. Dates and sites are:

Southern - Mankato - February 22, 1994
Metro - Twin Cities - February 23, 1994
Northern - Grand Rapids - February 24, 1994

All programs are urged to participate.

The March Mega Conference is on the horizon. Check your RAP calendar for the March 9-11, 1994 dates. Approximately 100 workshops and special sessions for all Head Start members. See you there.

**Ohio**

In September of 1993 a new Great Lakes RAP Program Support Specialist was hired and continues to work out of the Ohio Head Start Association office in Dayton. All 74 Head Start programs expressed a need for training and technical assistance, especially in the area of disabilities. Many programs have grown rapidly due to the availability of expansion monies.

Training was held in Columbus in December during the bi-monthly Ohio Head Start Association meeting. Topics of discussion were the new regulations for disabilities and problems of interpretation. An IEP Workshop was presented by the Program Support Specialist and a Disabilities Services Coordinator from a local program. Training for the remainder of the year will include: Drug-exposed Infants and the Preschoolers They Become, Stress Management for Staff, Disabilities Services Plan, Autism, Vision, hearing, Working with Orthopedically-impaired Children, Spina Bifida, presenting a Disabilities Awareness Activity and the ongoing dialogue on the new regulations. The Child Find committee is updating the book "Identifying Children with Disabilities" and will present the draft at the June OHSAI meeting.

Collaboration continues between the Ohio Head Start Association and the Ohio Department of Education, Early Childhood Division. An effort is being made to update the interagency agreement which was developed two years ago. A Head Start representative in the governor's office as a full-time employee reflects the commitment the state has made to Head Start.

The Great Lakes RAP Program Support Specialist for Ohio can be reached by contacting the Ohio Head Start Association office, 66 Marco Lane, Dayton, Ohio 45458 (513-435-1113).

**Wisconsin**

Virginia Roman, Stevens Point, has been hired by the Wisconsin Head Start Director's Association as its first Executive Director. She is responsible for training and development, state and federal contracts and coordinating a state funded collaboration project.

Wisconsin Head Start Association Meeting, March 14-15, 1994, Stevens Point, Wisconsin.

Disability Services Coordinator Meeting will be held in conjunction with the Head Start Association, March 14-15, 1994. An agenda will be mailed to Disability Services Coordinators.

## IMPORTANT MAIL INFORMATION FORM

**In order to update our records and to assure that you and your program continue to receive future issues of the Quarterly Resource and other mailings from The Great Lakes Resource Access Project at the University of Illinois, please complete the following form.**

**Program Name**_____

**Program Address**_____

_____

**Phone Number**_____ **Fax Number**_____

**Director**_____

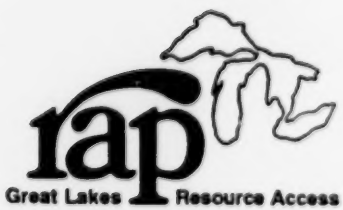
**Disability Component Coordinator**_____

**Education Component Coordinator**_____

**Please return this form by March 15, 1994 to:**

rap
Great Lakes Resource Access Project

**THE GREAT LAKES RESOURCE ACCESS PROJECT**
**University of Illinois**
**Department of Special Education**
**Col. Wolfe School**
**403 E. Healey St.**
**Champaign, IL 61820**


rap
Great Lakes Resource Access Project

**Great Lakes Resource Access Project**
**Department of Special Education**
**University of Illinois at Urbana-Champaign**
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**403 E. Healey**
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